



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
 RESOURCE MANAGEMENT DIVISION
**INITIAL APPLICATION FOR LICENSE TO REMOVE
 AND TRANSPORT SEPTIC TANK WASTE**

Required under Part 117 of Act 451, Public Acts of 1994, as amended
 website: www.michigan.gov/septage

DEQ USE ONLY	
COUNTY	
LICENSE NO.	
DATE ISSUED	

PLEASE PRINT OR TYPE

Please allow 4 to 6 weeks for processing

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BUSINESS NAME	E-MAIL ADDRESS
BUSINESS TELEPHONE NO./FAX NO	HOME TELEPHONE NO.
FED I.D. OR DRIVER'S LICENSE	OWNER'S NAME (Be sure to list all owners/partners)
STREET ADDRESS	STREET ADDRESS
CITY COUNTY STATE ZIP CODE	CITY COUNTY STATE ZIP CODE
NAME OF CONTINUING SEPTAGE EDUCATION (CSE) RESPONSIBLE AGENT: (RESPONSIBLE AGENT WILL NEED 10 HOURS OF CSE CREDITS)	

INSURANCE COMPANY	ADDRESS
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APPLICATION AND ATTACHED FEE IS FOR OPERATORS AND/OR LICENSES(S) INDICATED
LIST ALL VEHICLES ON PAGE 2

SEPTAGE WASTE SERVICING LICENSE FEE	\$200
SEPTAGE WASTE VEHICLE(S) FEE	\$350 X # of vehicles = \$
SEPTAGE WASTE VEHICLE(S) FEE For servicers that land apply septage waste	\$480 X # of vehicles = \$
TOTAL DUE:	\$

ADDITIONAL SEPTAGE WASTE HAULER INFORMATION

1. Attach written proof of satisfaction of the continuing septage education requirements (i.e., copies of certificates, letters, etc.)	2. Attach written approval from all receiving facilities used to dispose of septage waste.
3. Attach form EQP 5837 Initial Application For Site Permit To Land Apply Septage Waste for all land sites intended for your use to land apply septage.	
SEPTAGE WASTE HAULER ATTACHMENTS	

FOR WASTEWATER TREATMENT PLANT (WWTP) SUPERINTENDENTS ONLY

IF SEPTIC TANK WASTES ARE HAULED TO A MUNICIPAL TREATMENT LOCATION OR OTHER RECEIVING FACILITY, COMPLETE THIS SECTION OR ATTACH SEPARATE DOCUMENTATION, AS NEEDED.

I agree that the above applicant may dispose of septic tank wastes at the _____ wastewater treatment plant and that a fee may be charged for that disposal.

WWTP Superintendent's Signature _____ Date: _____

Make check payable to: State of Michigan
 Mail completed application and payment to:

 Michigan Department of Environmental Quality
 Cashier's Office – 33000 45730 9087
 P.O. Box 30657
 Lansing, MI 48909-8157

DEQ CASHIER USE ONLY: 33000 45730 9087

VEHICLE DESCRIPTIONS

Provide the information for each vehicle requesting licensure to haul septic waste. Tank trailer units require licenses. State license plates for these vehicles must be for the calendar year that this application covers.

State License Plate No.	Make-Model-Year	Vehicle identification No.	Tank Capacity (gallons)	New Decal No. (Leave Blank)

I, the undersigned, swear and affirm that the statements contained herein are true and correct and that the removal, transporting, and disposal of septic wastes shall be done in accordance with the requirements of Part 117, Septage Waste Servicers, Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (NREPA).

Further, I understand that failure to comply with the requirements of Part 117 NREPA may result in revocation of permits(s) and criminal and/or civil action.

Signature of Owner: _____

Date: _____

Return all paperwork to the address listed on the front of this application prior to the expiration of you business license.

FOR DEQ USE ONLY

DEQ Authorization – sign and date:

Signature _____

Date _____